



Attorney File No: 0720.P001A

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Blasingame et al.

App. No. : 09/854,039

Filed : May 11, 2001

For : NETWORKED MEDICAL  
INFORMATION SYSTEM FOR  
CLINICAL PRACTICES

Examiner : Not Yet Known

) Group Art Unit 2166  
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**CERTIFICATE OF MAILING UNDER  
37 C.F.R. 1.8**

I hereby certify that this document is being  
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Date: August 6, 2001

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Printed Name: James D. McFarland, Reg. No. 32, 544

**RESPONSE TO MISSING PARTS OF APPLICATION**

Assistant Commissioner for Patents  
Washington, DC 20231

Dear Sir:

Pursuant to the "Notice to File Corrected Application Papers" dated July 11, 2001, enclosed is the Declaration in compliance with 37 CFR 1.63, and substitute (formal) drawings. Please note that a number of the drawings include screen shots, and therefore necessarily include text. In this context the text in the drawings is not excessive, and therefore complies with regulations.

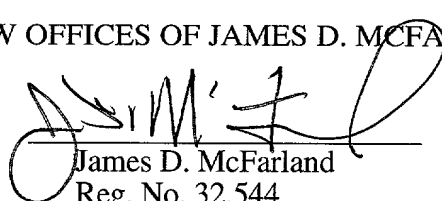
Credit card form PTO-2038, to cover the \$65.00 surcharge is attached. If, for some reason, additional fees are required the Commissioner is hereby authorized to charge our Deposit Account No. 50-0948.

Respectfully submitted,

LAW OFFICES OF JAMES D. MCFARLAND

Dated: August 6, 2001

by:



James D. McFarland

Reg. No. 32,544

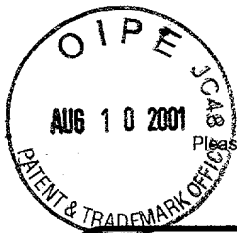
Attorney for Applicant

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Please type a plus sign (+) inside this box → **+**

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002, OMB 0651-0031

*Scot*

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                        |                   |
|------------------------|-------------------|
| Application Number     | 09/854,039        |
| Filing Date            | May 11, 2001      |
| First Named Inventor   | Blasingame et al. |
| Group Art Unit         | 2166              |
| Examiner Name          | Not Yet Assigned  |
| Attorney Docket Number | 0720.P001A        |

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input checked="" type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>Notice to File MP of Application; DECLARATION Postcard</b> |
| <div>Remarks</div>   |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

**Law Offices of James D. McFarland**

Signature

*[Handwritten Signature]*

Date

**August 06, 2001**

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**James D. McFarland**

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Date

**August 06, 2001**

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